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Sent: Friday, November 17, 2017 8:48 AM
To: Julie Cox-Kain
Subject: KHN Morning Briefing: November 17, 2017

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Morning Briefing: Summaries Of The News

Friday, November 17, 2017

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From Kaiser Health News:

KAISER HEALTH NEWS ORIGINAL STORIES

1. Medicare Seeks Comment On Ways To Cut Costs Of Part D Drugs

Medicare is examining how rebates and discounts could be shared in some way with Part D beneficiaries to reduce their out-of-pocket costs. (Sarah Jane Tribble, 11/16)

2. About A Third Of Americans Unaware Of Obamacare Open Enrollment

Nonetheless, federal officials report sign-ups are robust so far this year. (Phil Galewitz, 11/17)

3. Despite ACA Cost Protections, Most Adolescents Skip Regular Checkups

Only 48 percent of kids ages 10 to 17 have well-child visits, even though the federal health law requires insurers to pick up the entire tab, a study finds. (Michelle Andrews, 11/17)

4. Medicaid Expansion Takes A Bite Out Of Medical Debt

Medical debt is down across the country. In states that expanded Medicaid under the Affordable Care Act, the reduction is sharper. (Alex Smith, KCUR, 11/17)

5. Political Cartoon: 'Led To Believe?'

Kaiser Health News provides a fresh take on health policy developments with "[Political Cartoon: 'Led To Believe?'](#)" by Joel Pett, Lexington Herald-Leader.

Here's today's health policy haiku:

IMPACT OF LESS OBAMACARE OUTREACH

It's open season
But some consumers haven't
Heard much about it.

- Anonymous

If you have a health policy haiku to share, please [Contact Us](#) and let us know if you want us to include your name. Keep in mind that we give extra points if you link back to a KHN original story.

Summaries Of The News:

CAPITOL HILL WATCH

6. Collins Hesitant About Including Repeal Of Individual Mandate In Tax Bill

Sen. Susan Collins (R-Maine) has been a crucial swing vote in the Senate this year, and looks to play a main role again in the tax debate. The House passed its version of the tax bill on Thursday.

[The New York Times: House And Senate Panel Pass Tax Bill In Major Step Toward Overhaul](#)
With 227 Republican votes, the House passed the most sweeping tax overhaul in three decades on Thursday, taking a significant leap forward as lawmakers seek to enact \$1.5 trillion in tax cuts for businesses and individuals and deliver the first major legislative achievement of President Trump's

tenure. (Kaplan and Rappeport, 11/16)

[Reuters: Moderate Collins Back In Prominent Role In Senate Tax Drama](#)

Senator Susan Collins is back in the spotlight as a crucial swing vote in the U.S. Senate as she raises questions about how combining a Republican tax-cut plan with a partial repeal of Obamacare will affect middle-class Americans. ... She told reporters in the Capitol on Wednesday that her staff's research showed pairing tax cuts with an effective repeal of the individual mandate of Obamacare, formally known as the Affordable Care Act (ACA), could be a mistake. (11/16)

[CQ: Senate GOP Confident On Mandate Repeal But Concerns Linger](#)

Senate Republicans remain generally unified behind repealing the penalty for individuals who don't maintain health insurance, but some worry the provision could endanger their ability to pass a tax code overhaul. Sen. Ron Johnson of Wisconsin is the first Republican to oppose the tax plan in its current form over issues relating to tax breaks for small businesses. Two more no votes would sink the measure if it doesn't get Democratic votes. (Clason, 11/16)

[Politico Pro: Obamacare Mandate Repeal May Not Deliver Predicted Blow](#)

Repealing Obamacare's individual mandate might not be the devastating blow to health insurance markets that supporters of the law fear. Because the tax penalty for not having insurance is far less costly than what many Americans would have to pay for coverage, many have chosen to take the fine. (Haberhorn and Demko, 11/16)

[The Washington Post Fact Checker: The GOP Claim That Half Of The People Paying The Obamacare Penalty Make Less Than \\$25,000](#)

On Nov. 14, Senate Republicans tacked a repeal of the Affordable Care Act's individual mandate onto their tax bill. The mandate, which polls indicate is one of the most disliked aspects of Obamacare, requires Americans to pay a fine if they are uninsured for all or a portion of the year. During a news conference with Senate leaders, Sen. John Cornyn criticized the mandate, calling it a "tax on poor Americans" because "about half" make \$25,000 or less. (Lewis, 11/17)

[Los Angeles Times: Obamacare 101: Will The GOP Tax Bill Force Big Medicare Cuts?](#)

As congressional Republicans move forward with their tax legislation, there are growing concerns that the costs, which are projected to increase the deficit by \$1.5 trillion over the next decade, will force a host of big cuts in government programs, including Medicare. The Medicare cuts alone are projected to hit \$25 billion next year, according to the nonpartisan Congressional Budget Office, and would increase steadily by 2026. (Levy, 11/16)

[The Associated Press: Pope to Lawmakers: Protect All People With Health Care Laws](#)

Pope Francis on Thursday urged lawmakers to ensure that health care laws protect the "common good," decrying the fact that in many places only the privileged can afford sophisticated medical treatments. The comments came as U.S. lawmakers in Washington, D.C., have been debating how to overhaul the nation's health insurance laws. (D'Emilio, 11/16)

[The Hill: Family Leave Tax Credit Added To Latest GOP Tax Bill](#)

Republicans have added a tax credit to a modified version of the Senate tax bill, which aims to incentivize businesses to offer paid family and medical leave. Senate Finance Committee Chairman Orrin Hatch (R-Utah) included in his "modified mark" a proposal from Sen. Deb Fischer (R-Neb.) to give businesses offering full-time employees at least two weeks of paid family and medical leave each year a general business credit equal to 12.5 percent of the amount of wages they pay an employee if the employee is getting at least 50 percent of their normal wages. (Wheeler, 11/16)

7. Middle-Class Families Left Feeling 'Helpless' In Face Of \$30,000-A-Year Premiums

The increase in premiums stemming from the marketplace uncertainty have people considering reducing their income so they can qualify for government help. "If one word captures all this, it's 'helpless,'" Ian Dixon said. "There's rage and anger and all that stuff in there, too. Any reasonable person would agree that this should not be happening."

[The New York Times: Middle-Class Families Confront Soaring Health Insurance Costs](#)

Consumers here at first did not believe the health insurance premiums they saw when they went shopping for coverage this month on HealthCare.gov. Only five plans were available, and for a family of four with parents in their mid-30s, the cheapest plan went typically for more than \$2,400 a month, nearly \$30,000 a year. With the deadline for a decision less than a month away, consumers are desperately weighing their options, dismayed at the choices they have under the Affordable Care Act and convinced that political forces in Washington are toying with their health and well-being. (Pear, 11/16)

[The Washington Post: Where Are The Most Expensive ACA Plans In America? Charlottesville.](#)

Monthly health-care insurance premiums increased all over America this year, but nowhere as dramatically as in Charlottesville, an analysis shows. Residents of the small college city and the surrounding Albemarle County who wish to purchase individual insurance from the federal marketplace will be paying for the most expensive plans in the country, a Kaiser Family Foundation review confirmed. (Itkowitz, 11/16)

[San Francisco Chronicle: Covered California Sees 23 Percent Jump In Health Insurance Signups](#)

The number of new customers signing up for health insurance through the Covered California exchange jumped 23 percent during the first two weeks of open enrollment compared with the same period last year, state officials said Thursday. (Ho, 11/16)

8. Who Would Be Blamed For Lower ACA Enrollment? Trump And Republicans, A New Poll Finds

More than 60 percent of respondents say they would point the fingers at President Donald Trump and Republicans in Congress, though the poll found a distinct partisan divide.

[The Hill: Poll: 60 Percent To Blame Trump, GOP For ObamaCare Problems](#)

Americans will largely blame the Trump administration if fewer people sign up for health insurance this year, according to a new poll. The Kaiser Family Foundation poll found that over 60 percent of respondents believe the Trump administration and congressional Republicans are responsible for any and all future problems with ObamaCare. (Weixel, 11/17)

[Kaiser Health News: About A Third Of Americans Unaware Of Obamacare Open Enrollment](#)

While the Affordable Care Act's fifth open enrollment season is off to a surprisingly good start, many uninsured people said they weren't even aware of it, according to a survey released Friday. Nearly a third of people overall — including a third of people without health insurance — said they had not heard anything about the sign-up period for individuals who buy health plans on their own, according to the survey by the Kaiser Family Foundation (KFF). (Galewitz, 11/17)

9. If HHS Nominee Is Approved He's Set To Inherit An HHS Rocked By Internal Strife, 'Dysfunction'

Running the HHS is notoriously challenging, but lately it has faced widespread criticism that it is unresponsive and neglecting staff advice. Former pharmaceutical executive Alex Azar has been nominated to head the agency and will have his senate hearing later this month.

[The Wall Street Journal: New Health And Human Services Secretary Would Inherit Troubled Agency](#)
The next head of the Department of Health and Human Services will be handed an agency facing criticism from state officials and internal strife. HHS, which employs about 80,000 people, oversees Medicaid, Medicare, the Affordable Care Act, and such agencies as the Centers for Disease Control and Prevention. It has been caught up in the fallout over the Republicans' failure to repeal the law legislatively and an ethics scandal over government-funded travel that led to the resignation of Secretary Tom Price in September. (Armour, Radnofsky and Wilde Mathews, 11/17)

[The Hill: HHS Nominee Azar To Get Senate Hearing Nov. 29](#)

The Senate Health Committee will hold a hearing Nov. 29 on the nomination of Alex Azar by President Trump to lead the Department of Health and Human Services (HHS). On Monday, Trump tapped Azar to take over the post Tom Price vacated, after details were revealed about how he took repeated trips on government and private jets costing more than \$1 million to taxpayers. (Roubein, 11/16)

In other administration news —

[The Wall Street Journal: Discord Threatens Federal Role At Indian Hospitals](#)

The federal government's management of three Indian hospitals that treat thousands of patients is crumbling, a failure that could jeopardize care on some of the nation's poorest and most remote reservations. All three hospitals are run by the federal Indian Health Service, which was created to fulfill U.S. legal obligations to provide health care to members of Indian tribes. (Weaver and Frosch, 11/16)

10. With Stem Cell Therapy Guidelines, FDA Aims To Boost Innovation But Crack Down On Rogue Clinics

As the promising field has taken off in the past few years, unregulated clinics have sprung up, charging patients thousands of dollars for untested treatments.

[The New York Times: F.D.A. Speeds Review Of Gene Therapies, Vowing To Target Rogue Clinics](#)
The Food and Drug Administration on Thursday issued new guidelines to speed the introduction of treatments involving human cells and tissues, including gene therapy. But the agency also said it would crack down on rogue clinics offering dangerous or unproven versions of those treatments. The therapies aimed at diseases like leukemia are known as regenerative medicine and have quickly grown into a booming industry worldwide. (Kaplan and Grady, 11/16)

[Stat: FDA Lays Out Long-Awaited Guidelines For Stem Cell Treatments](#)

The Food and Drug Administration on Thursday unveiled a series of guidelines that aim to encourage the development of promising and legitimate stem cell therapies while distinguishing them from the largely untested stem cell treatments hawked by unregulated clinics around the country. The FDA's guidelines have been expected and eagerly awaited by the stem cell community given the rapid proliferation of untested — and potentially unsafe — therapies around the country.

Clinics promoting these therapies claim to be able to treat ailments from autism to neurodegenerative disorders to erectile dysfunction. (Joseph, 11/16)

[San Francisco Chronicle: US Sets Rules On Stem Cell Therapies](#)

The carefully worded guidelines underscore the narrow path regulators walk between allowing, and even hastening, approval of potentially life-changing cellular therapies and preventing providers from selling unproven and possibly dangerous cell products directly to patients. “The promise of this technology is why the FDA is so committed to encouraging and supporting innovation in this field,” agency Commissioner Scott Gottlieb said in a statement released with the guidelines. “But the rapid growth and promise of this field has increasingly sowed the ground for the entry of some unscrupulous actors.” (Allday, 11/16)

In related news —

[The Washington Post: In A First, Scientists Edit Genes Inside A Man's Body To Try To Cure A Disease. What's Next?](#)

Scientists have attempted to cure a patient with a rare genetic disorder by rewriting the DNA inside his body, in a first-of-its-kind therapy they hope could one day be applied to numerous other conditions including hemophilia and sickle cell disease. The procedure, which took place on Monday at the University of California at San Francisco's Benioff Children's Hospital in Oakland, Calif., involved sending what the Associated Press described as “billions of copies of a corrective gene and a genetic tool to cut his DNA in a precise spot” into the patient's body. These edits are designed to enable the patient, 44-year-old Brian Madeux, to produce an enzyme that would counteract a metabolic disease he suffers from known as Hunter syndrome. (Cha, 11/16)

MEDICARE

11. Bipartisan Bill Seeks To Overturn New Cuts In Some Medicare Drug Payments

The congressional effort is aimed at a rule recently issued by the Trump administration that reduces federal reimbursement for medicines purchased under the federal 340B Drug Discount Program. That program helps boost revenues for hospitals that primarily serve low-income patients. Also in Medicare news, federal officials seek suggestions about lowering drug prices and set some new rules on the Part D drug program. The government also reports that improper payments have fallen.

[Stat: Lawmakers Push Bill To Reverse A Trump Rule Over Medicare Drug Discounts](#)

A group of lawmakers introduced a bipartisan bill to reverse a Trump administration rule that would cut Medicare reimbursement for medicines purchased under the federal 340B Drug Discount Program, which was designed to boost revenues for hospitals that primarily serve low-income patients. The cut is estimated to save Medicare and its beneficiaries about \$1.6 billion next year. The sponsors were among dozens of lawmakers who two months ago wrote the Centers for Medicare and Medicaid Services to argue that cutting reimbursement is a “misguided policy” that would limit the ability of hospitals to serve vulnerable patients. They further maintained the move would not reduce drug costs, as the pharmaceutical industry has suggested. (Silverman, 11/16)

[Kaiser Health News: Medicare Seeks Comment On Ways To Cut Costs Of Part D Drugs](#)

Noting that the true price of a drug is often hidden from consumers, Medicare officials requested comments late Thursday on how to use discounts and rebates to help decrease what enrollees pay for prescriptions. The proposal request, buried in hundreds of pages released late Thursday afternoon, asked for public comment on how to share the rebates and discounts that are negotiated

by manufacturers, pharmacists and insurers. Insurers and pharmacy benefit managers, or PBMs, administer Medicare's Part D drug program and negotiate behind-the-scenes fees and discounts that are often hidden from public view. (Tribble, 11/16)

Politico Pro: CMS Proposes Drug Payment Changes To Reduce Patient Costs

CMS is proposing a number of changes to Medicare Part D that the agency says should ensure beneficiaries have access to more affordable drugs. The moves would likely lead to lower cost-sharing for patients and might provide some savings for taxpayers, but they would not directly affect the underlying prices drug companies charge for medicines. (Karin-Smith, 11/16)

Modern Healthcare: Improper Medicare Payments Drop By Nearly \$5 Billion

The CMS on Wednesday reported that the rate of improper payments doled out by Medicare is the lowest it's been since 2013, accounting for less than 10% of overall Medicare payments. All in all, the CMS estimated that improper payments dropped \$4.9 billion from 2016 to 2017, marking a rate decrease from 11% in 2016 to 9.5% in 2017. ... The CMS estimates it doled out \$36.2 billion in improper payments during the tracked period. The agency said a multifaceted strategy — including creating a more targeted claims auditing process that focuses on the highest-risk providers — helped bring the improper payment rate down. (Dickson, 11/16)

MEDICAID

12. Feds Give States \$600 Million To Tide Over Children's Coverage Programs

Federal funding for the Children's Health Insurance Program expired at the end of September and lawmakers say they want to renew it, but they haven't agreed on where to get the money. In other Medicaid news, a study looks at the toll of low reimbursements to doctors, another article explores how the health law's expansion of the program has helped patients overcome medical debt issues and North Carolina releases its enrollment numbers.

CQ: Growing Number Of States Are Relying On Stopgap CHIP Funding

A growing number of states are relying on leftover federal dollars to keep their Children's Health Insurance Programs afloat since Congress failed to reauthorize funding for the program before it expired at the end of September. The Centers for Medicare and Medicaid said Thursday that it distributed roughly \$600 million to 14 states and territories in October and November as a temporary fix. The money is leftover from previous years of CHIP and is being given out to states as necessary. (Raman, 11/16)

Reuters: Lower Medicaid Fees Linked To Scarcer Primary Care Appointments

When the fees paid to healthcare providers by Medicaid go up, appointments with primary care doctors suddenly become more available to Medicaid beneficiaries — and the opposite happens when fees go down, according to a recent U.S. study. Researchers found that, overall, every \$10 change up or down in the Medicaid fees paid to providers led to a 1.7% change in the same direction in the proportion of patients on Medicaid who could secure an appointment with a new doctor. (Platzman Weinstock, 11/16)

Kaiser Health News: Medicaid Expansion Takes A Bite Out Of Medical Debt

As the Trump administration and Republicans in Congress look to scale back Medicaid, many voters and state lawmakers across the country are moving to make it bigger. On Nov. 7, Maine voters approved a ballot measure to expand Medicaid under the Affordable Care Act. Advocates are looking to follow suit with ballot measures in Utah, Missouri and Idaho in 2018. (Smith, 11/17)

[Winston-Salem \(N.C.\) Journal: NC'S Medicaid-Eligible Population Exceeds 2 Million](#)

North Carolina has surpassed the 2 million threshold on enrollees for Medicaid services, state health officials said Tuesday. ... However, Medicaid enrollment is 41,748 less than projected by DHHS in its 2017-18 budget. The enrollment could be more than 2.5 million if the Republican-controlled General Assembly were to approve expanding the state Medicaid program to more than 500,000 residents. A study by Avalere Health, released Tuesday, determined North Carolina will lose out of on \$13 billion in federal Medicaid funding over the next decade by not expanding. (Craver, 11/14)

PUBLIC HEALTH AND EDUCATION

13. Among String Of High-Profile Disappointments, Alzheimer's Experts See Some Reason To Hope

Scientists are moving toward a more nuanced understanding of the disease. In other public health news: CTE, the benefits of exercise, weight-loss operations, heart disease and more.

[The Hill: Signs Of Progress, Challenges In Fighting Alzheimer's](#)

Despite high-profile failures of potential treatments for Alzheimer's, experts say increased visibility and progress on the underlying causes of the disease are signs of hope. With a new case of the brain-debilitating disorder developing every minute in the U.S., the need for effective treatment is urgent both for patients and the medical system as the population ages. (Dixon, 11/16)

[San Jose Mercury News: Renowned Concussion Doctor Says He Found CTE In Living NFL Player](#)

Researchers have identified the degenerative brain disease known as CTE in a living person, according to a report published this week in the medical journal Neurosurgery. The paper's lead author, Bennett Omalu, told an audience last month in San Francisco that physicians discovered CTE in Fred McNeill, a former Minnesota Vikings linebacker, during initial testing of a new method to identify chronic traumatic encephalopathy in the living. (Almond, 11/16)

[The New York Times: Even Light Activity May Increase Your Chances Of Living Longer](#)

Using accelerometers to precisely measure physical activity, researchers have found that even very light exercise, well below the generally recommended levels, reduces mortality in older women. The scientists had 6,382 women ages 63 to 99 wear an accelerometer for seven consecutive days, waking and sleeping, except when bathing or swimming. (Bakalar, 11/16)

[Arizona Republic: Dying To Lose Weight: The Lucrative Ties Between Border Surgeries And U.S. Middlemen](#)

The claim contends that companies and individuals with Arizona ties have made money by arranging patients' trips to Mexico for weight-loss operations and by receiving referrals from Mexican surgeons to see patients when they return home. While website testimonials praise these transborder relationships, some patients who have had unhappy outcomes say they were misled by middlemen who minimized the risks. (Alltucker, 11/16)

[The New York Times: Nuts May Lower Your Risk For Heart Disease](#)

Eating nuts may lower the risk for heart disease. Researchers studied 210,836 men and women involved in three large prospective health studies from 1980 to 2013. They assessed nut consumption with food frequency questionnaires, updated every four years. Over the years, there were 8,390 cases of coronary heart disease and 5,910 strokes. (Bakalar, 11/16)

[Arizona Republic: Report: 1 in 4 Childhood Deaths In Arizona Last Year Was Preventable](#)

Preventable childhood deaths in Arizona are at their highest level in five years, according to an

annual study released this week. That means more than one in four childhood deaths in 2016 could have been prevented, according to the Annual Arizona Child Fatality Review Program conducted by public-health and child-welfare officials. (Pitzi, 11/16)

[The Washington Post: The Truth Behind The 'First Marijuana Overdose Death'](#)

A case report about the seizure and death of an 11-month old after exposure to cannabis has prompted headlines about “the first marijuana overdose death” this week. Except that’s not what the doctors meant. “We are absolutely not saying that marijuana killed that child,” said Dr. Thomas Nappe, an author of the report who is now the director of medical toxicology at St. Luke’s University Health Network in Bethlehem, Pa. (Silverman, 11/17)

[Tampa Bay Times: Study: Mental Quickness Exercises Can Lower Risk Of Dementia](#)

Computerized brain-training exercises studied by Jerri Edwards, a professor in the Department of Psychiatry and Behavioral Neurosciences at the University of South Florida, are the first intervention of any kind to reduce the risk of dementia in older adults, according to the study, just published in the journal *Alzheimer’s & Dementia: Translational Research & Clinical Interventions*. The study followed more than 2,800 healthy senior adults in six locations for 10 years as they aged from 74 to 84, on average. (Griffin, 11/16)

14. Putting A Dollar Value On An Epidemic: Opioid Crisis Has Cost Economy \$95B In 2016 Alone

The vast majority of the economic burden — \$43.2 billion — came from losses in the workforce due to deaths from opioids, the analysis found. Meanwhile, another study found that about 10 percent of Americans have overcome a drug or alcohol problem in their lives, which might mean there's good news for treating addiction.

[Modern Healthcare: Economic Burden Of Opioid Epidemic Hit \\$95 Billion In 2016](#)

The opioid crisis cost the economy \$95 billion in 2016, with \$21.4 billion spent on treating patients who suffer from opioid abuse, a new analysis from Altarum found. The report sheds light on the economic impact of the crisis that contributed to 53,054 overdose deaths in 2016. ...The vast majority of the economic burden — \$43.2 billion — came from losses in the workforce due to deaths from opioids, the analysis found. Another \$12.4 billion of the calculation stemmed from productivity losses from surviving opioid addicts. (Castellucci, 11/16)

[WBUR: A New Study Finds Good News About Treating Addiction](#)

A new study finds that about 10 percent of Americans say they've had a drug or alcohol problem at one point in their lives, but overcame it. Researchers asked more than 39,000 people about their experiences with substance abuse. (Becker, 11/16)

[NPR: What To Make Of A Head-To-Head Test Of Addiction Treatments](#)

Addiction specialists caution against reading too much into a new study released this week that compares two popular medications for opioid addiction. This much-anticipated research is the largest study so far to directly compare the widely used treatment Suboxone with relative newcomer Vivitrol. Researchers who compared the two drugs found them equally effective once treatment started. But there are fundamental differences in the way treatment begins, which makes these findings difficult to interpret. (Harper, 11/16)

In other news on the crisis —

[The Chicago Tribune: Hammond Sues Drug Companies, Distributors For 'Responsibility' In Opioid Crisis](#)

The City of Hammond filed a lawsuit against a host of pharmaceutical firms asking a court to hold them responsible for their role in the opioid crisis. The lawsuit, filed Thursday relying on a federal racketeering statute, alleged the companies that manufactured and distributed pain killers and opioid-based medications helped fuel the abuse of those medications and contributed to a crisis being faced by Hammond and other communities, according to court documents. (Lyons, 11/16)

[Arizona Republic: Chandler, Gilbert Police Begin Carrying Opioid Overdose Drug And Putting It To Use](#)

Fire departments with medical first responders have carried the overdose-rescue kits for years, but an increasing number of police departments are joining the fight. They are part of efforts locally and nationally to combat the growing opioid crisis. Overdoses of prescription painkillers and illegal opioids such as heroin killed 790 Arizona residents last year. (MacDonald-Evoy, 11/16)

[Star Tribune: Opioid Limits Proposed For Minnesota Prescribers To Fight Painkiller Abuse](#)

In Minnesota's latest effort to combat the abuse of prescription painkillers, a state task force has set new limits on opioid prescriptions by doctors who participate in the state's Medicaid program. The rule, adopted Thursday by the state's Opioid Prescribing Work Group, says that doctors who exceed a new state dosage limit for more than half their patients would receive warnings and training. (Olson, 11/16)

STATE WATCH

15. State Highlights: Calif. Officials Continue To Search For Source Of Legionnaires' Cases; Texas Lawmakers Fund Anti-Abortion Program

Media outlets report on news from California, Texas, Connecticut, Georgia, Florida, Louisiana, Massachusetts, Pennsylvania, Virginia, Maryland, Hawaii, Ohio, Minnesota and Iowa.

[Los Angeles Times: Officials Are Still Searching For The Source Of 4 Legionnaires' Cases. Disneyland Cooling Towers Haven't Been Ruled Out](#)

After several people in Orange County fell sick with Legionnaires' disease in recent weeks, officials said two cooling towers at Disneyland had been linked to the outbreak. Those towers were shut down, and officials say they no longer pose a risk to park visitors. But a key question remains unanswered: How did four people who had not visited Disneyland become infected? (Karlman, 11/16)

[Texas Tribune: State Gives Alternatives To Abortion Program \\$20 Million More In Funding](#)

The Texas Legislature's budget for the next two years includes \$20 million more in funding for a controversial program that seeks to discourage women from getting abortions in the state. Alternatives to Abortion uses contracted providers to offer services such as financial counseling and support groups for new parents, as well as children's items such as car seats and infant formula. (Choi, 11/16)

[CT Mirror: A Hospital-Insurance Fight, And 'A Dead Zone' Of Care](#)

Consumer advocates said Thursday the impact of a prolonged contract dispute between the insurer Anthem Blue Cross & Blue Shield and Hartford HealthCare, has been exacerbated by the rapid consolidation of hospitals, physician groups and clinics in Connecticut. (Pazniokas, 11/16)

[The Associated Press: 4 Indicted In Multistate Health Care Fraud Case](#)

Four people have been indicted on multiple counts of conspiracy to commit health care fraud and aggravated identity theft related to fraudulent claims filed with Medicaid programs in Georgia,

Florida and Louisiana. U.S. Attorney Byung J. "BJay" Pak, in a news release Thursday, announced indictments against 42-year-old Matthew Harrell, of Atlanta; 42-year-old Nikki Richardson, of Fairburn, Georgia; 42-year-old Tomeka Howard, of Decatur, Georgia; and 42-year-old Andrea Barrett, of Virginia Beach, Virginia. (11/16)

[Boston Globe: Brandeis Students Hope To Bring 'Plan B' Vending Machine To Campus](#)

A student group at Brandeis University wants to install a vending machine on the school's Waltham campus that would dispense health care products like Plan B, the emergency contraceptive used to prevent pregnancy after having unprotected sex. (Annear, 11/16)

[The Philadelphia Inquirer: Horizon Blue Cross Blue Shield Of New Jersey Names New CEO](#)

Horizon Blue Cross Blue Shield of New Jersey named Kevin P. Conlin to succeed Robert A. Marino as chief executive of New Jersey's largest health insurer effective Jan. 1, the Newark company said Thursday. Marino has been Horizon's president and CEO since March 2011 and chairman since March 2012. He is retiring on Dec. 31. (Brubaker, 11/16)

[Miami Herald: This Doctor Signed Off On Hundreds Of Medical Tests. Treatment Wasn't The Reason](#)

A Miramar doctor has been sentenced in federal court for his part in a \$5.5 million healthcare fraud case. ... As medical director of Chatman's Reflections Treatment Center, Mendez should have been responsible for patient diagnosis and care. Instead, Chatman "dictated the type and frequency of different types of lab testing that would be performed based upon the kickbacks and bribes that he was receiving from different clinical laboratories," he admitted in court documents. (Neal, 11/16)

[San Jose Mercury News: Santa Clara County Reports Its First Flu Death Of The Season](#)

A Santa Clara County adult under age 65 is the first flu-related death reported in the county this flu season, public health officials announced Thursday. The victim, who died earlier this month, had not received this year's flu vaccine and suffered from other medical conditions that placed the person at greater risk of severe complications from the flu, Santa Clara County health officials said. (Seipel, 11/16)

[Richmond Times-Dispatch: Study Shows Cost Of Long-Term Care Continues To Rise Nationally And In Virginia](#)

The cost of long-term care such as nursing homes or at-home care continued to rise both nationally and in Virginia from 2016 to 2017, one recent survey showed. The national, median cost of long-term care services increased an average of 4.5 percent from 2016 to 2017, with the national median, annual cost for a private room in a nursing home reaching \$97,455, according to research conducted by Henrico County-based insurance company Genworth Financial Inc. (Reid Blackwell, 11/16)

[The Baltimore Sun: Hopkins Partners With Investment Management Firm To Boost Early Stage Research](#)

Johns Hopkins University scientists will get a \$65 million infusion of funding from a Wall Street investment firm that they hope will help bring more drugs and other medical treatments to market. The investment from New York-based Deerfield Management Co. comes as government funding for scientific research continues to decline and drug companies remain cautious about which studies they choose to invest in. Many funders want proof of a drug's potential before they invest. (McDaniels and Cohn, 11/16)

[The Associated Press: Hospital Patient Escaped To Prove He Could Behave Properly](#)

A man who acknowledges killing a woman nearly 40 years ago said he needed to plot and carry out his escape from a Hawaii psychiatric hospital to prove that he could behave properly out in the community. Randall Saito told San Francisco television station KGO-TV in an interview that the

Hawaii State Hospital wouldn't give him a chance. He says every time he applied for release, officials made him "sound like a bad guy." (11/17)

Cleveland Plain Dealer: Summa Health System's Credit Rating Lowered As Revenue Strengthens
Summa Health System's recent struggles could be stabilizing, despite a downgrade by Moody's Investors Service. ... The largest employer in Summit County, Summa Health has had diminishing revenues and waning consumer confidence over the past year, triggered by a variety of factors. (Conn, 11/16)

Richmond Times-Dispatch: A Denver-Based Mobile Health Care Company Has Landed In Richmond Through A Partnership With Bon Secours
A Denver-based mobile health care company has landed in Richmond through a partnership with Bon Secours Richmond Health System. Officially launched Tuesday in Richmond, DispatchHealth sends a medical team, including nurse practitioners and physician assistants, to a patient's home once summoned through an app, website or phone call. (O'Connor, 11/16)

Pioneer Press: What Makes Twin Cities Residents Happy? Going To The Dentist Helps, Expert Says
Dental visits and satisfying jobs help make the Twin Cities one of the happiest metro areas in the country. But poor body-mass-index scores and high smoking rates prevent it from topping the list, according to National Geographic Fellow and New York Times best-selling author Dan Buettner, a native of St. Paul. (Chavey, 11/16)

Des Moines Register: Iowa Psychiatrist Turns In Medical License Over Bill-Padding Allegations
A former Iowa psychiatrist who served prison time for padding his bills to health-insurers has surrendered his medical license. Richard L. Hauser, 68, practiced psychiatry in Grinnell, Iowa City and Pella, state and federal records show. He surrendered his license last week to settle administrative charges of unethical conduct, which were brought by the Iowa Board of Medicine. (Leys, 11/16)

HEALTH POLICY RESEARCH

16. Research Roundup: Noncompliant Plans; Older Americans; Bare Counties; And The Uninsured

Here is a selection of recent research.

The Commonwealth Fund: How Do Noncompliant Health Plans Affect The Market?
For insurers selling individual-market health plans, monthly premiums on average were 54 percent higher for their ACA-compliant plans in 2015 than for their noncompliant plans, in large part because of higher medical claims for compliant plans. This average experience masks a wide variation among particular insurers. For the quarter of insurers with the greatest difference in prices, ACA-compliant premiums were 82 percent to 123 percent higher than for noncompliant plans, and claims were 157 percent to 193 percent higher. (Hall and McCue, 11/15)

Health Affairs: Older Americans Were Sicker And Faced More Financial Barriers To Health Care Than Counterparts In Other Countries
High-income countries are grappling with the challenge of caring for aging populations, many of whose members have chronic illnesses and declining capacity to manage activities of daily living. The 2017 Commonwealth Fund International Health Policy Survey of Older Adults in eleven countries showed that US seniors were sicker than their counterparts in other countries and, despite universal

coverage under Medicare, faced more financial barriers to health care. (Osborn, Doty, Moulds et. al, 11/15)

[Urban Institute: Stepping Into The Breach: How States And Insurers Worked Together To Prevent Bare Counties For 2018](#)

Although Affordable Care Act (ACA) marketplaces were beginning to stabilize in 2017, policy uncertainty stemming from a potential repeal of the law, threats to cost-sharing reduction reimbursements, and questions about enforcement of the individual mandate led many insurers to re-evaluate participation for 2018. In this report, we examine six states that faced the prospect of counties without a single insurer for 2018: Iowa, Nevada, Ohio, Oklahoma, Tennessee, and Washington. Interviews with regulators and insurers offer insight into how a set of diverse states sought to preserve coverage options for consumers in the wake of considerable instability in federal policy. (Lucia, Hoadley, Corlette et. al, 11/9)

[Kaiser Family Foundation: How Many Of The Uninsured Can Purchase A Marketplace Plan For Less Than Their Shared Responsibility Penalty?](#)

While the percent of the population without health coverage has decreased substantially since the major coverage expansion in the ACA, about 10% of the population is still uninsured. Some of those who remain uninsured are eligible for premium subsidies large enough to cover the entire cost of a bronze plan, which is the minimum level of coverage people can buy to satisfy the individual mandate. Others could obtain coverage, after taking into account premium subsidies, for less than the penalty they would have to pay under the individual mandate. This analysis looks at the non-elderly uninsured eligible to enroll in a marketplace plan to determine how many of them would be financially better off enrolling in coverage than paying the penalty. (Rae, Levitt and Semanskee, 11/9)

EDITORIALS AND OPINIONS

17. Perspectives: A New Front For An Old Obamacare War; How Tax Reform Tees Up Medicare Cuts

Opinion writers offer a range of thoughts and commentary on how the current GOP tax plan impacts health policy and entitlement programs, as well as other health policy topics.

[Huffington Post: The GOP Tax Cut Plan Opens A New Front In The War On Obamacare](#)

Here we are again, talking about a Republican proposal that would rattle health insurance markets, increase overall premiums and leave millions without coverage — all while freeing up money for tax cuts that would disproportionately benefit corporations and wealthy Americans. ... The GOP's tax cut will end up costing somewhere in the neighborhood of \$1.5 trillion, according to official government projections, and finding offsets that will get 50 votes has been difficult. Desperate to find a source of money that can work politically — and, perhaps, to take a shot at Obamacare while they can — Republicans have set their eyes on the Affordable Care Act's individual mandate. (Jonathan Cohn, 11/15)

[Boston Globe: It's 'Groundhog Day' For Republicans And Health Care](#)

Earlier this week, Senate Republicans, in a last-minute effort move to lower the cost of their \$1.5 trillion tax cut plan added a truly poison pill to the legislation: repeal of Obamacare's individual mandate. While the move would save more than \$300 billion over 10 years — and thus allow the tax bill to meet budgetary requirements in the Senate — it will also cause 13 million Americans to lose health insurance and, according to the Congressional Budget Office, will increase health care premiums by an estimated 10 percent. (Michael Cohen, 11/16)

[The Washington Post: First, Republicans Want Tax Cuts. Next, They'll Try Gutting Medicare And Social Security.](#)

President Trump and congressional Republicans want Americans to think that their proposed tax legislation is all about increasing economic growth. That's their stated goal. But the stealth goal of GOP tax cuts is to start down the path toward gutting the New Deal and the Great Society — and if tax cuts pass, they might get away with it. (Bruce Bartlett, 11/16)

[Cleveland Plain Dealer: Sick, Alone And Terrified Of Falling Into Destitution, Thanks To Congress' Proposed Tax And Health Care Cuts](#)

With every paycheck for 46 years, ever since I became self-supporting at age 21, I have diligently and faithfully paid into Medicare, glad to rest in the security of anticipation that Medicare would indeed care for me in my old age. Well, old age has arrived, and what now? Even though I now willingly pay monthly Part B premiums, Congress is chopping away at the oak's roots. (Trudy E. Bell, 11/16)

[The New York Times: What States Can Learn From One Another On Health Care](#)

We know that where you live matters: There are huge disparities in health and costs across the country. The uninsured rate in Texas is six times higher than in Massachusetts. You're four times more likely to be readmitted to the hospital in Maryland or New Jersey than in Hawaii. One-third of low-income adults in Texas forgo medical care because of cost, but only 9 percent in Vermont do. Alaska spends twice as much on health care per person as Utah does. (Dhruv Khullar, 11/16)

18. Viewpoints: Using Emergency Authority To Fight Opioids; Knowing If Alzheimer's Is In Your Future...

A selection of opinions on health care from around the country.

[The New England Journal Of Medicine: Emergency Legal Authority And The Opioid Crisis](#)

Recently, six states have taken the unusual step of using their legal authority to declare their opioid-overdose situation an emergency. ... On October 26, 2017, President Donald Trump directed the acting secretary of health and human services to declare the opioid crisis a national public health emergency under the federal Public Health Services Act. ... As the federal government determines the specific actions that will follow its declaration, and more individual states consider issuing their own emergency declarations, policymakers, health care providers, and emergency managers can learn from aspects of the state emergency declarations that have already been issued. (Lainie Rutkow and Jon S. Vernick, 11/15)

[The New York Times: What If You Knew Alzheimer's Was Coming For You?](#)

Six years ago, at age 49, Julie Gregory paid an online service to sequence her genes, hoping to turn up clues about her poor circulation, blood-sugar swings and general ill health. Instead she learned she had a time bomb hidden in her DNA: two copies of a gene variant, ApoE4, that is strongly linked to Alzheimer's. Most Americans with this genotype go on to develop late-onset dementia. (Pagan Kennedy, 11/17)

[The New England Journal Of Medicine: Data Sharing From Clinical Trials — A Research Funder's Perspective](#)

The Wellcome Trust, the Medical Research Council, Cancer Research UK, and the Bill and Melinda Gates Foundation share a common vision for maximizing the value of data that are generated through the trials we fund. We are committed to ensuring that the data from published clinical trials can be accessed by researchers so they can validate key findings, stimulate further inquiry, and ultimately deliver lifesaving results. ... The recent announcement by the International Committee of Medical Journal Editors (ICMJE) on data-sharing statements for clinical trials³ is a step in the right

direction but falls short of realizing our vision. The ICMJE has not mandated data sharing as a requirement for publication, and we find the example statements it provides to be vague and open to interpretation. (Robert Kiley, Tony Peatfield, Jennifer Hansen and Fiona Reddington, 11/15)

[Lexington Herald Leader: \\$1 Cigarette Tax Increase Would Save Lives](#)

Kentucky raised its tax on cigarettes by 27 cents in 2005 and by 30 cents in 2009 to reach the current 60 cents a pack, one of the nation's lowest. Given the state's desperate need for new revenue, the legislature is likely to consider upping the excise tax on tobacco products in 2018. Unless the per-pack increase is \$1 or more, it would just be a tax on poor people, doing nothing to protect Kentuckians' health. (11/16)

[Los Angeles Times: California Politicians In Washington Need To Defend The State's Pot Laws From Federal Attack](#)

The Obama administration took a largely hands-off approach to cannabis after Colorado and Washington legalized it for recreational purposes in 2012. But while President Trump campaigned on respecting state laws, his pick of longtime legalization foe Jeff Sessions as U.S. attorney general instilled fear and uncertainty in the industry. Last year, Sessions said that "good people don't smoke marijuana." If the Department of Justice moves against California's cannabis industry, can members of the state's congressional delegation be counted on to stand up for their constituents? (Tom Angell, 11/17)

[The New England Journal Of Medicine: The Quiet Room](#)

At the end of an inconspicuous hallway and strategically placed far from the controlled chaos of the trauma room lies a dimly lit waiting area that we in the medical field call "the quiet room." It is a bland spot; a few soft chairs surround a table that holds a box of crisp institutional tissues. There may be a picture or two on the wall, but generally it is an unassuming room where we physicians tell mothers about the deaths of their children, far too often because of firearm violence. (Peter T. Masiakos and Cornelia Griggs, 11/15)

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